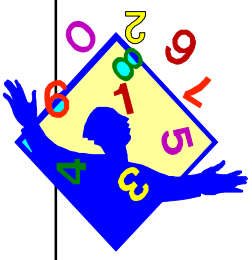
HCR
Military Health System
Health Care Reengineering

Medical Readiness Fact Sheet May 1998

Reserve Forces Annual Training Tour Approval Process

The Initiative: The 45th Medical Group, Patrick AFB, FL, implemented a new process to ensure reserve forces training needs match its capabilities. Highlights include:

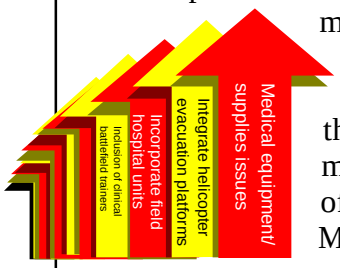


- 90 days prior to requested start date, the reserve unit commander must submit a written request containing proposed dates, training requirements, and number of personnel by Air Force Specialty Code.
- If the Executive Committee approves the training, notification is sent to the reserve unit commander, as are the specific requirements that must be completed by the unit no later than 30 days prior to arrival.
- 45 days prior to unit arrival, medical readiness personnel will contact the reserve unit to review training and credential requirements.
- No later than 30 days prior to unit arrival, the unit must submit a letter to the Education & Training Office acknowledging the completion of all training requirements. The unit will also submit all credential materials. Failure to meet this deadline may result in the termination of the unit's training opportunity at Patrick AFB.

The Results: The process of matching the reserve unit's training needs to Patrick's capabilities goes much more smoothly. There has been an improvement in ensuring all prerequisites are fulfilled before training begins.

Joint Medical Readiness Training in Region 9

The Initiative: Medical Department Activity (MEDDAC), Ft Irwin, CA, developed the Army's National Training Center (NTC) environment for joint medical training in Region 9. They introduced a process of incremental improvements of the existing training of medical personnel supporting each rotating unit. Some of the training initiatives include: simulating the issues of medical equipment and medical supplies; integrating the use of helicopter evacuation platforms from National Guard Medevac units; and incorporating field hospital units from the reserve and active components of the Army, Navy, and Air Force. In addition, they also initiated the inclusion of clinical battlefield trainers at the NTC to observe and evaluate the clinical aspects of care.



The Results: Data collection of casualty rates and evacuation times has improved. Each rotational medical unit now receives a take home set of slides with rotational specific data and lessons learned. These are used to improve the individual and collective training programs at the home station.

Ideas From The Field

Online Active Duty Health Status System

The Recommendation: The United States Coast Guard Integrated Support Command suggests there should be an online system for illness/injury diagnosis and fitness for duty—to include time of disability for duty, time of recovery, and next appointment— for each unit. Immunizations, dental work, and physical evaluation reports would be the primary data collected. Commanders and/or readiness officers could then receive a monthly update via e-mail or through a secure Intranet page.

Possible Results: Unit commanders and readiness officers would know immediately who is deployable and who is not.

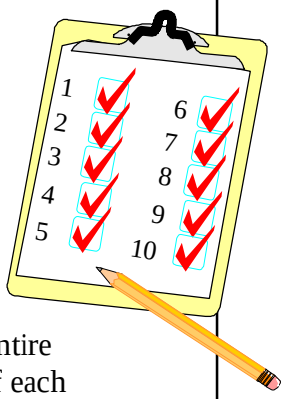
Have you implemented or are you planning on implementing this idea or something similar? Let us know! We'd like to follow up and share your results!

Operation Backbone: Support During Deployments

The Initiative: The Europe Health Service Support Area developed Operation Backbone, which outlines plans for supporting peacetime health care in the Army European theater during deployment of personnel. For small or short deployments— such as training exercises— personnel within the theater are reassigned to cover for the absent medical units. Longer deployments require stateside personnel support, integrating active and reserve medical forces.

The Results: Operation Backbone successfully supported field training exercises for the 212th Mobile Army Surgical Hospital and the 67th Combat Support Hospital. All services remained operational during deployments, and there were no increases in backlogs or appointment waiting times.

Improvement of Operational Readiness



The Initiative: The Naval Hospital staff at Camp Lejeune, NC, implemented a 10-point readiness plan to increase awareness of operational readiness responsibilities— to include required platform training— and improve administrative and physical C-status requirements. Senior officers and enlisted members were designated as team leaders for each platform. They take responsibility for familiarizing themselves with all platform augmentees, arranging for readiness training, and performing platform personnel inspections; they are also responsible for the entire readiness assurance process. Additionally, an annual verification of each member's readiness (C-1) is done during his/her birth month.

The Results: Since implementation of the plan, an increased awareness and enthusiasm have been noted. Individuals know to which platform they are assigned, the training requirements of the platform, and who else is assigned to the platform. Enhanced job satisfaction is apparent as members have taken ownership of their platform responsibilities. Training status has increased 32 percent, and contingency status has improved by 25 percent.

What Is MHS Reengineering?

The Military Health System (MHS) defines reengineering as, "A spectrum of activities from incremental or continuous improvement to radical transformation that critically rethinks and redesigns products and service processes to achieve mission performance gains."

Why Reengineer?

- Improve quality of care
- Streamline patient care delivery processes
- Increase satisfaction of patients and staff
- Decrease health care delivery costs
- Provide consistency of benefits
- Improve the completeness and accuracy of information

Submission of Initiatives

Submissions from the field are critical to the success of the MHS, and everyone is encouraged to participate. Initiatives can be submitted via the World Wide Web, fax, e-mail, and regular mail.

Health Care Reengineering Office Resources

- Best practice information
- Reengineering learning tools
- Displays for conferences & seminars
- World Wide Web site
- Monthly newsletter
- Briefings on reengineering practices & activities

Contact the HCR Staff

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